

**Years 2019 and 2020****www.dhrd.hawaii.gov****Holidays to be observed by the  
HAWAII STATE GOVERNMENT**

Website where State Holiday Schedule posted

**Year 2019 HAWAII STATE HOLIDAYS**

<u>(Hawaii Rev. Statutes, Sec. 8-1)</u>	<u>Day Observed in 2019</u>	<u>Official Date Designated in Statute/Constitution</u>
New Year's Day.....	Jan. 1 Tuesday .....	The first day in January
Dr. Martin Luther King, Jr. Day.....	Jan. 21 Monday.....	The third Monday in January
Presidents' Day.....	Feb. 18 Monday.....	The third Monday in February
Prince Jonah Kuhio Kalanianaʻole Day.....	Mar. 26 Tuesday .....	The twenty-sixth day in March
Good Friday.....	April 19 Friday.....	The Friday preceding Easter Sunday
Memorial Day.....	May 27 Monday.....	The last Monday in May
King Kamehameha I Day.....	June 11 Tuesday.....	The eleventh day in June
Independence Day.....	July 4 Thursday.....	The fourth day in July
Statehood Day.....	Aug. 16 Friday.....	The third Friday in August
Labor Day.....	Sept. 2 Monday.....	The first Monday in September
Veterans' Day.....	Nov. 11 Monday.....	The eleventh day in November
Thanksgiving.....	Nov. 28 Thursday.....	The fourth Thursday in November
Christmas.....	Dec. 25 Wednesday.....	The twenty-fifth day in December

**Year 2020 HAWAII STATE HOLIDAYS**

<u>(Hawaii Rev. Statutes, Sec. 8-1)</u>	<u>Day Observed in 2020</u>	<u>Official Date Designated in Statute/Constitution</u>
New Year's Day.....	Jan. 1 Wednesday.....	The first day in January
Dr. Martin Luther King, Jr. Day.....	Jan. 20 Monday.....	The third Monday in January
Presidents' Day.....	Feb. 17 Monday.....	The third Monday in February
Prince Jonah Kuhio Kalanianaʻole Day.....	Mar. 26 Thursday .....	The twenty-sixth day in March
Good Friday.....	April 10 Friday.....	The Friday preceding Easter Sunday
Memorial Day.....	May 25 Monday.....	The last Monday in May
King Kamehameha I Day.....	June 11 Thursday.....	The eleventh day in June
Independence Day.....	July 3 Friday.....	The fourth day in July
Statehood Day.....	Aug. 21 Friday.....	The third Friday in August
Labor Day.....	Sept. 7 Monday.....	The first Monday in September
General Election Day .....	Nov. 3 Tuesday.....	The first Tuesday in Nov. following the first Monday of even numbered years. (Hawaii State Constitution, Article 2 – Section)
Veterans' Day.....	Nov. 11 Wednesday.....	The eleventh day in November
Thanksgiving.....	Nov. 26 Thursday.....	The fourth Thursday in November
Christmas.....	Dec. 25 Friday.....	The twenty-fifth day in December

**FOOTNOTES:** For use solely by State government agencies. Federal government and local banking holidays may differ. For State agencies that operate on other than Monday-Friday 7:45 AM to 4:30 PM schedules, also refer to appropriate collective bargaining agreements. Created by the Department of Human Resources Development 2/28/2018 subject to change.

**Estimated Annual Quantity of Tenant Income Recertification Cases by Asset Management Project / Management Unit**  
**RFP CO-2019-30**

Asset Manageme	Federal	State		Total (Federal &
		Elderly	Family	
AMP 30	363	0	0	363
AMP 31	373	0	174	547
AMP 32	364	0	0	364
AMP 33	373	0	0	373
AMP 34	583	0	0	583
AMP 35	587	0	0	587
AMP 37	384	0	30	414
AMP 38	321	0	26	347
AMP 39	196	0	32	228
AMP 40	174	0	0	174
MU 42	0	576	0	576
AMP 43	202	0	0	202
AMP 44	260	0	0	260
AMP 45	226	0	0	226
AMP 46	103	0	26	129
AMP 49	150	0	0	150
AMP 50	118	0	0	118
Total	4,777	576	288	5,641

There is no commitment by the HPHA as to the minimum and maximum number of cases to be serviced by the Successful Offeror.

Sample Price Proposal  
RFP CO-2019-30

**A. Section 8 Performance Based Contract Administration:**

	Administrative Fee	MOR Fee
Contract Term	Percentage of Base Fee Required for PBCA Operations	Unit Price for each completed Management and Occupancy Review
Initial 12-Month Period		
Option Year 1		
Option Year 2		
Option Year 3		
Option Year 4		

**B. Quality Control Service Review of Tenant Income Recertification Files**

Contract Term	Unit Price for Review of Each Tenant Income Recertification File	Hourly Rate for Other Consultation Services
Initial 12-Month Period		
Option Year 1		
Option Year 2		
Option Year 3		
Option Year 4		

**C. As-Needed Low Income Housing Tax Credit Training\***

1. Training Fee:

Contract Term	Unit Price for Each Training Session (max 15 trainees)	No. of Sessions	Total
Initial 12-Month Period		5	
Option Year 1		5	
Option Year 2		5	
Option Year 3		5	
Option Year 4		5	
Total			

2. Travel Narrative:

**D. As-Needed Rental Assistance Demonstration\***

1. Assessment Fee to include Project Pro Forms and RAD Financial Feasibility Analysis Report: \$ \_\_\_\_\_

2. Service Fee for Preparation and Submission of each RAD Application:

Contract Term	Unit Price for RAD Application
Initial 12-Month Period	
Option Year 1	
Option Year 2	
Option Year 3	
Option Year 4	

2. Travel Narrative:



### Sample LIPH Tenant Income Recertification File Quality Control Log

Service Provider: \_\_\_\_\_

Contract No. \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

[illegible]

**PROPOSAL SUBMITTAL CHECKLIST****RFP CO-2019-30  
Various Consulting Services**

*The following checklist is provided as a reference for proposal submittal. The offeror shall be responsible for complying with all aspects of proposal submission requirements. The HPHA shall not be responsible for other pertinent RFP information not listed below:*

- ☐ 1. Transmittal Letter (original signature required)
- ☐ 2. Proposal
  - ☐ a. Title Page
  - ☐ b. Table of Contents
  - ☐ c. Background and Summary
  - ☐ d. Experience and Capability
  - ☐ e. Personnel: Project Organization and Staffing
  - ☐ f. Management Plan
    - ☐ Sample Checklist for Quality Control Service Review of Tenant Income Recertification Files
  - ☐ g. Financial
  - ☐ f. Other
    - ☐ 1) Certification and Representations of Offerors (Form HUD 5369-C)
    - ☐ 2) Wage Certificate
    - ☐ 3) Corporate Resolution indicating authorized signer for proposal and contractual documents
- ☐ 3. Submit proposal in a sealed envelope or box identified with RFP No. CO-2019-05, offeror's legal name, business address, phone number, fax number, and address it to the attention of the RFP Coordinator.

RFP CO-2019-30  
Sample Transmittal Letter

Hawaii Public Housing Authority  
Contract and Procurement Office  
1002 North School Street, Bldg. D  
Honolulu, Hawaii 96817

Dear RFP Coordinator:

The undersigned has carefully read and understands the terms and conditions specified in the Competitive Sealed Proposals and hereby submits the following proposal to perform the services specified.

That the undersigned further understands and agrees that by submitting this Competitive Sealed Proposals, 1) it is declaring its Proposal is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, 2) it is certifying that the price(s) submitted was (were) independently arrived at without collusion, and 3) it hereby authorizes the Hawaii Public Housing Authority to verify information provided in this proposal.

Date: \_\_\_\_\_

Respectfully submitted,

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature (Original)

Remittance address, if different from business address:

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Legal Name of Offeror

Hawaii General Excise Tax License  
I.D. No.: \_\_\_\_\_

\_\_\_\_\_  
Business Address

Federal Tax I.D. No. or Social Security No.: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

Offeror is:      ☐ Individual      ☐ Partnership      ☐ Corporation      ☐ Joint Venture

State of Incorporation   ☐ Hawaii      ☐ \*Other: \_\_\_\_\_

\*If "other", is corporate seal available in Hawaii?   ☐ Yes      ☐ No

Offeror Name: \_\_\_\_\_

1. Offer shall list below business firms and/or government agencies to which he/she has provided similar or identical services to those required by the RFP.

Firm or Agency	Contact Person	Telephone No.

2. Insurance coverage to be provided by:

Insurance Type	Provider	Agent Name	Agent Phone No.
General Commercial Liability			
Automobile			
Workers Compensation			

Point of Contact for this proposal: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



ACKNOWLEDGEMENT OF ADDENDA

RFP CO-2019-30

Various Consulting Services

The offeror has received the following Addenda, receipt of which is hereby acknowledged:

Addendum Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

\_\_\_\_\_  
(Offeror's Name)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Print Authorized Signature Name)